

# Legislative & Policy Update

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# Topics

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- Overview of key 2018 sexual & reproductive health bills and regulations
- Regulations affecting confidential billing
- Billing policy updates (Non-Chargeable List SFY2019)
- Screening recommendations for chlamydia and gonorrhea using Maryland CSTIP Allocation Tests

# Key Sexual & Reproductive Health Legislation and Regulations - 2018



- During the 2018 Maryland Legislative Session, 3,101 bills were introduced, of which 889 bills (almost 1/3) passed both chambers.
- Many RH bills - Maryland has the most comprehensive family planning coverage in the country.
- Governor Hogan signed three bills this session that ensure Marylanders have access to the resources needed to make informed family planning decisions and to protect their health and the health of their families.

# HB 994/SB 774 Maryland Medical Assistance Program – Family Planning Services

- Establishes presumptive eligibility so Marylanders don't have to wait for coverage and they can choose the birth control option that's best for them.
- In addition to increasing the number of people who will be eligible for the program, the law also includes coverage for males.
- Removes the upper age limit of 51 years, so it will be open to eligible individuals of any age.

Effective Date: July 1, 2018



# HB 1283 Health Insurance – 12-month Prescription Contraceptives

- Alters the length of time coverage is provided for prescription contraceptives – from 6 months to 12 months at a time.
- Removes starter dosage requirements to better align with CDC recommendations.
- Applicable to private insurance plans regulated by the State.

Effective Date: January 1, 2020





# SB 986 / HB 1024 State Employee and Retiree Health and Welfare Benefits Program – Contraceptive Drugs and Devices and Male Sterilization

- Requires the State Employee Health Plan to adopt all State contraceptive coverage requirements for private insurance including:
  - Coverage for extended dispensing (6-months prior to January 2020/12-months after January 2020)
  - Over-The-Counter (OTC) coverage of all contraceptive medications approved for OTC use (emergency contraception)
  - Expanded options without copayments
  - No preauthorization requirements for LARC methods
    - Coverage of vasectomies without copayment or deductible requirements
- First state employees plan in the country to require OTC coverage of contraceptive medication.



Effective Date: October 1, 2018

# HB 1558 – Pharmacists – Dispensing of Prescription Drugs – Single Dispensing of Dosage Units

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- Allows pharmacists to dispense up to 12-months of a contraceptive prescription even if the prescription is written for an initial prescription plus refills.
- For example, the pharmacist can dispense 13 cycles of a birth control pill even if the prescription is written as 1 month plus 12 refills.

Effective Date: January 1, 2020

# HB 1132 / SB 858 - Health Insurance - Access to Local Health Departments

- Requires health insurance carriers to cover services provided through local health departments, including behavioral health care services.
- Also requires a carrier's access plan to include information on its efforts to include local health departments in its network.
- Ensures consumer's full access to both somatic and behavioral health care.



Effective Date: January 1, 2019



## ***Billing policy updates (Non-Chargeable List SFY2019)***

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# Proposed Changes to the SFY19 Non-Chargeable List

Non-Chargeable “Infectious Disease Services” (STI-Related Services)	
STI Diagnosis & Treatment	Individuals < 21 years of age
STI Outreach	Testing/Treatment provided during outreach in non-traditional settings (ie, health fairs, mobile vans, etc.)
Infectious Disease Testing	Testing/Treatment provided during the course of an outbreak Testing/Treatment provided to “contacts” as defined by the Local Health Officer

Likely change to:  
Individuals < 19  
years of age

# Reminder About Infectious Disease Testing of Contacts, and Testing During Outbreaks

Non-Chargeable “Infectious Disease Services” (STI-Related Services)		
STI Diagnosis & Treatment	Individuals < 21 years of age	Likely change to: Individuals < 19 years of age
STI Outreach	Testing/Treatment provided during outreach in non-traditional settings (ie, health fairs, mobile vans, etc.)	
Infectious Disease Testing	Testing/Treatment provided during the course of an outbreak  Testing/Treatment provided to “contacts” as defined by the Local Health Officer	No change regarding determining who’s a contact: Interpreting and applying the NCL is up to each Health Officer

# Maryland LHD Billing Manual

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Version 6, Updated April 18, 2018

[health.maryland.gov/lhdbilling/](http://health.maryland.gov/lhdbilling/)

## ***Regulations affecting confidential billing***

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# Regulation Change Affecting Confidential Billing

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MCOs are now required to notify enrollees of denials of payment. There was a waiver for this requirement for many years but the waiver recently expired. MCOs have the option to use EOBs to fulfill the requirement.

COMAR regulation 10.09.71.04 E requires written notice of any action.

(3) “Action” means:

(a) Denial or limited authorization of a requested service, including:

(i) The type or level of service;

(ii) Requirements for medical necessity;

(iii) Appropriateness;

(iv) Setting; or

(v) Effectiveness of a covered benefit.

(b) Reduction, suspension, or termination of a previously authorized service;

(c) Denial, in whole or part, of payment for a service;



## ***Screening recommendations for CT/GC using MD CSTIP Allocation Tests***

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# Recommendations for Chlamydia (CT) and Gonorrhea (GC) Screening and Screening Using MDH CSTIP Tests

SCREENING	CT/GC NAAT*	GC CULTURE
<b>Routine Screening For Asymptomatic Patients</b>		
<ul style="list-style-type: none"> <li><b>Females:</b> Under 25 years of age</li> <li><b>Females:</b> Ages 25 years and older if at increased risk<sup>1</sup></li> <li><b>Heterosexual Males</b><sup>2</sup>: Ages 15 - 29</li> </ul>	√	
<b>Screening According To Risk</b>		
<ul style="list-style-type: none"> <li>Symptomatic patients</li> <li>Patients reporting exposure</li> </ul>	√	

\* Nucleic Acid Amplification Test. MDH now using Altima Combo 2<sup>®</sup> Assay (Panther<sup>®</sup> System) NAATs

# Recommendations for Chlamydia (CT) and Gonorrhea (GC) Screening and Screening Using MDH CSTIP Tests (2)

	CT/GC NAAT*	GC CULTURE
<b>Re-Testing</b>		
Retest three months after treatment, regardless of whether patient believes sex partners were treated.  <i>Note: If retesting at three months is not feasible, retest as soon as possible within the 12 months following initial treatment.</i>	√	

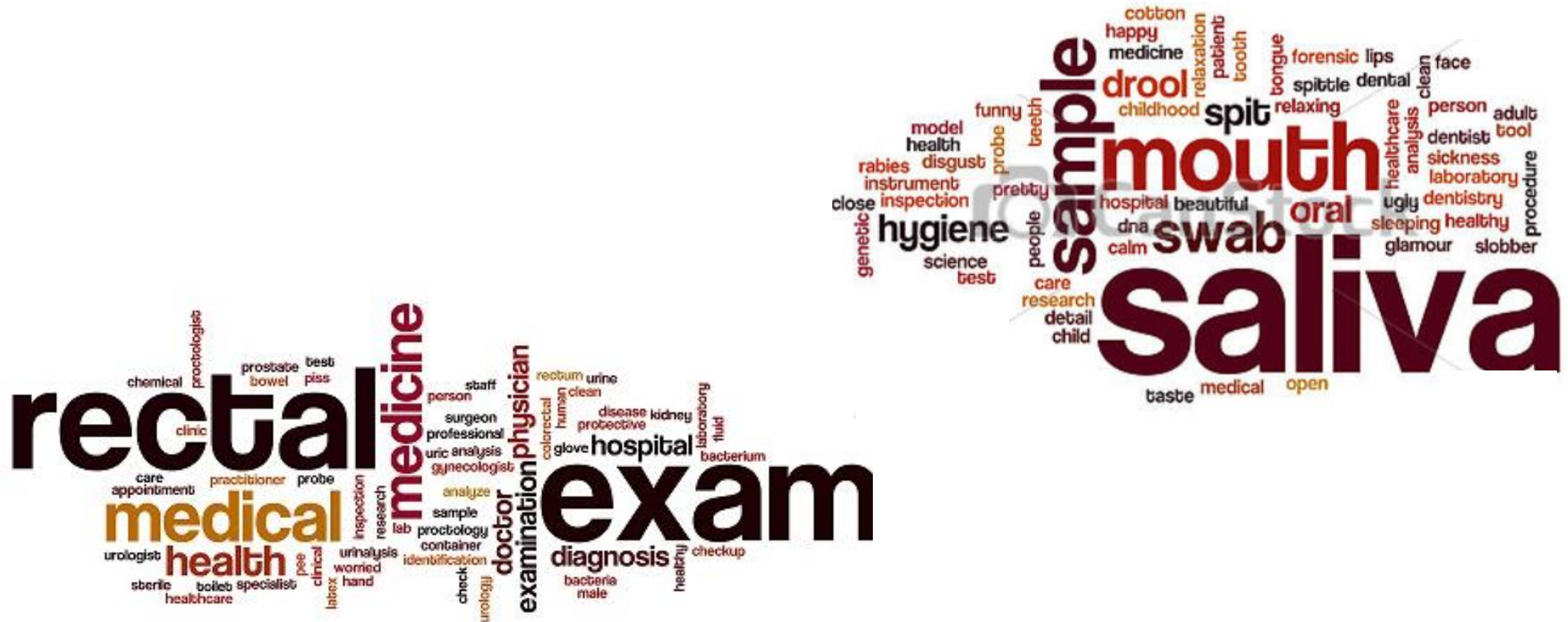
\* Nucleic Acid Amplification Test. MDH now using Altima Combo 2<sup>®</sup> Assay (Panther<sup>®</sup> System)  
NAATs

# Recommendations for Chlamydia (CT) and Gonorrhea (GC) Screening and Screening Using MDH CSTIP Tests (3)

	CT/GC NAAT*	GC CULTURE
<b>Screening Patients at High-risk for Developing Resistance</b>		
<ul style="list-style-type: none"> <li>• <b>MSM:</b> At least annually at all anatomic sites of exposure (urethra, rectum, and pharynx) regardless of condom use, and every 3 to 6 months if at increased risk.</li> <li>• <b>Repeat infections:</b> All patients with repeat infection in the prior 12 months.</li> <li>• <b>Treatment Failure<sup>2</sup>:</b> Patients with suspected or documented treatment failure.</li> </ul>	✓	✓

\* Nucleic Acid Amplification Test. MDH now using Altima Combo 2<sup>®</sup> Assay (Panther<sup>®</sup> System) NAATs

# TEST THE TUSCH...and the throat!









Maryland Department of Health  
Prevention and Health Promotion Administration

<https://phpa.health.maryland.gov>